#### **GENERAL SURGERY**

PAPER - III

SURG/J/15/12/III

Time : 3 hours Max. Marks : 100

### **IMPORTANT INSTRUCTIONS**

- This question paper consists of 10 questions divided into Part 'A' and Part 'B', each part containing 5 questions.
- Answers to questions of Part 'A' and Part 'B' are to be strictly attempted in separate answer sheet(s) and the main + supplementary answer sheet(s) used for each part must be tagged separately.
- Answers to questions of Part 'A' attempted in answer sheet(s) of Part 'B' or vice versa shall not be evaluated.
- Answer sheet(s) of Part 'A' and Part 'B' are not to be tagged together.
- Part 'A' and Part 'B' should be mentioned only on the covering page of the respective answer sheet(s).
- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

## PART A

Write short notes on:

1.	<ul> <li>a) Enumerate the causes of chronic limb ischemia.</li> <li>b) Management of a 40 year old lady with upper ischemia.</li> </ul>	3+7 limb
2.	<ul> <li>a) Enlist causes of obstructive jaundice.</li> <li>b) Courvoisier's Law and its exceptions.</li> <li>c) Management of a 40 year old gentleman with ampullary carcinoma.</li> </ul>	3+2+5 peri-
3.	<ul> <li>a) Enlist causes of upper GI bleeding.</li> <li>b) Management of obscure GI hemorrhage in a 50 year lady.</li> </ul>	ar old
4.	<ul><li>a) Clinical features of rectal diseases.</li><li>b) Principles of treating rectal prolapse.</li></ul>	3+7
5.	<ul><li>a) "Reduction en masse" in inguinal hernia.</li><li>b) Various repairs for inguinal hernias.</li></ul>	2+8

**P.T.O.** 

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### PAPER – III

#### Please read carefully the important instructions mentioned on Page '1'

- Answers to questions of Part 'A' and Part 'B' are to be strictly attempted in separate answer ٠ sheet(s) and the main + supplementary answer sheet(s) used for each part must be tagged separately.
- Answers to questions of Part 'A' attempted in answer sheet(s) of Part 'B' or vice versa shall • not be evaluated.

# PART B

6.	a)	Initial management and surgical approach in blunt liver trauma.	5+5
	b)	Concept of "Damage control surgery" in liver trauma.	
7.		Causes of common bile duct injuries. Clinical features and management of biliary fistula following laparoscopic cholecystectomy.	5+5
8.	,	Segmental anatomy of liver - diagrammatic representation and its clinical significance. Types of liver resections.	5+5
9.	,	Clinical features of ulcerative colitis. Surgical treatment in a patient with ulcerative colitis.	3+7
10.	b)	Define hypersplenism. Enumerate indications for splenectomy. Postoperative complications of splenectomy.	2+3+5

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